

Clinical Center / Nursing & Patient Care Services
Clinical Practice Committee Minutes
Wednesday, January 7, 2004
8:00 a.m. - 9:00 a.m.
Medical Board Room

Chair: P. Littel

Co-chair: D. Chepurko

Administrative Support: H. Mayberry

Issue	Action Item/Decision
Announcements	<ul style="list-style-type: none"> ■ Ms. Shelburne announced that her tenure on CPC is over and Lashawn Gore will now represent the 2W/BMT unit.
Agenda Review, Review of Minutes and Grid	<ul style="list-style-type: none"> ■ The agenda was approved as presented. ■ The November and December 2003 minutes were approved as written.
New NPC Requests	<ul style="list-style-type: none"> ■ None
SOP: Sequential Compression Device	<ul style="list-style-type: none"> ■ As in previous years, the need for this particular SOP was discussed. While it was noted that much of the information included in the SOP was obtained from the manufacturer's manual, the SOP includes guidelines for frequency of specific key assessments. The WOCN service supports the SOP as a reasonable practice guideline for minimizing the risk of development of ulcers. Additionally, it was pointed out that this technology while not complex occurred with little frequency in the CC and was therefore beneficial to many units. Ms. Littel and Ms. Peterson will bring SOP back to CPC in February for more discussion. Would like to forward a draft to NPC for approval in February 2004. ■ Action items <ul style="list-style-type: none"> • Review MIS physician ordering screens to determine if required elements are there for the LIP, ie., SCD, TEDS including knee- or thigh-high, size, etc., stockinette, and time frame for wearing. • Discover resources for determining size of anti-embolism stockings? Are resources readily available? PACU staff identified as stakeholders.
Update on procedure manuals	<ul style="list-style-type: none"> ■ Ms. Mayberry reported briefly on efforts to find a replacement for Kozier and Erb (1993). Perry and Potter (2003) has been positively reviewed by CNSs and relevant nursing consult services (WOCN, PVCS, ENT, Endoscopy). The textbook is available on-line and there is a yet-to-be confirmed possibility that procedures can be tailored to meet the unique needs of an organization. Outside benchmarking with 2 organizations also found positive review. A purchase request is to be drafted and sent to the Nurse Executive Team for consideration. More to come in February. ■ AACN manual is used primarily by the critical care nursing staff and as not gone through the same rigorous NPC review. ■ In the future, CPC will draft guidelines for annual review of procedure textbooks.
CPC recorder sought	<ul style="list-style-type: none"> ■ Ms. Chepurko invited any interested CPC member seeking a leadership opportunity to consider being the monthly recorder of CPC meetings. As of this writing, no one has stepped forward.
2004 Work Tracking Grid	<ul style="list-style-type: none"> ■ A draft of the 2004 Work Tracking Grid was presented. Stakeholders were tentatively identified for the proposed work. Agreement to timelines still needs to be achieved. The CPC objective is to complete all scheduled work by December 2004.
Clinical Practice Issues	<ul style="list-style-type: none"> ■ Dr. Goldspiel briefed CPC on rationale used by the Pharmacy to prepare a parenteral admixture with "overfill." Rationale

	<p>included administration of product via ambulatory pump, a small volume of a highly concentrated drug would be lost in "dead-space" of the administration set, and pharmacokinetic studies relied on knowing the exact time and dose of a delivered study drug. A draft of a drug product label with drug overfill was presented and feedback requested.</p> <ul style="list-style-type: none"> • RNs articulated it was important to know that a drug product contains XX mL overfill. • It was not as important to include the statement, "Fluid + Drug!," serves no clinical value to a nurse. • The rest of the draft label was reasonable and helpful.
Agenda Planning	<ul style="list-style-type: none"> ■ SOP: Sequential Compression Devices ■ Oral syringes . . . 13W concerned that the orange tint is difficult to read accurate dosing.

NEXT MEETING: February 4, 2004

Attachment: 2004 Work Tracking Grid